

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO **HX475653**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION			INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) VAN DYKE, JASON D			<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 9465	POSITION POLICE OFFICER		ADDRESS OF OCCURRENCE 4112 S PULASKI RD	
DATE OF APPOINTMENT 25-JUN-2001	EMPLOYEE NO. [REDACTED]		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago) <input type="checkbox"/>
UNIT OF ASSIGNMENT 008	BEAT/CALL NO. 0845R		LOCATION CODE 304-STREET	BEAT OF OCCURRENCE 0815
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE TIME DAY OF WEEK 20-OCT-2014 21:57:00 MONDAY	
HEIGHT 602	WEIGHT 180		NO. OF OFFICERS BATTERED 3	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 3 MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input checked="" type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____			TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ 1. REVOLVER 2. SEMI-AUTOMATIC 3. RIFLE 4. SHOTGUN <input type="checkbox"/> B. VEHICLE 1. OFFICER STRUCK WITH VEHICLE 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input checked="" type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) /SWINGING KNIFE	
TYPE OF ACTIVITY <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER			OFFENDER INFORMATION SEX RACE DOB <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F BLACK 25-SEP-1997 CB NO. IR NO.	
TYPE OF INJURY TO OFFICER <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE			WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? 1	
LIGHTING CONDITIONS AT INCIDENT <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT 1. POOR 2. GOOD			WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 50 °F	

CPD-11.451 (REV. 1/04)

OFFENDER'S ACTIONS WERE UNPROVOKED.

REPORTING MEMBER - SIGNATURE
VAN DYKE, JASON D

STAR NO.
9465

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
MC NAUGHTON, DAVID R 120

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 20-OCT-2014		2. ADDRESS OF OCCURRENCE 4112 S PULASKI RD CHICAGO, IL 60632		3. LOCATION CODE 304		4. BEAT/OCCUR 0815	
5. POSITION 9161		6. LAST NAME VAN DYKE		7. FIRST NAME JASON D		8. STAR NO. 9465	
9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 602		12. HT 180	
13. WT 180		14. DATE OF APPT. 25-JUN-2001		15. EMPLOYEE NO. 008		16. UNIT & BEAT OF ASSIGNMENT 0845R	
17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
20. LAST NAME MCDONALD		21. FIRST NAME LEQUAN		22. M.I. BLK		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
24. RACE 25-SEP-1997		25. D.O.B.		26. HT. 601		27. WT. 185	
28. ADDRESS IL 60637		29. TELEPHONE NO.		30. WAS SUBJECT ARMED/KNIFE/OTHER CUTTING INSTRUMENT, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL		34. BY WHOM? DR. PITZEL		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence	
36. CHARGES PLACED <input type="checkbox"/> DNA		37. CB NO.		IR NO.		<input type="checkbox"/> DNA	
38. REASON FOR USE OF FORCE (Check all that apply)							
SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT	
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ASSAULT: BATTERY	
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>	
MEMBER'S RESPONSE		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>	
MEMBER PRESENCE <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>	
VERBAL COMMANDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	
ESCORT HOLDS <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
WRISTLOCK <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>					
ARM BAR <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>					
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>					
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>					
OC/CHEMICAL WEAPON WAIVER AUTHORIZATION <input type="checkbox"/>		OTHER <input type="checkbox"/>					
OTHER <input type="checkbox"/>							
39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)							
40. ADDITIONAL INFORMATION OFFENDER'S WEAPON WAS A KNIFE IN HIS HAND.							
POSITION		STAR NO.		UNIT			
41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS	
<input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		CLEAR	
<input type="checkbox"/> 02 REVOLVER		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH	
<input type="checkbox"/> 03 RIFLE		SMITH & WESSON - US (BODYGUARD, CHIEF SPECIAL)		5943		5	
<input type="checkbox"/> 04 TASER (Probe Discharge)		48. CHALIBER/GAUGE		49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)	
<input type="checkbox"/> 05 CHEMICAL WEAPON		9 MM		628361		95380037	
<input type="checkbox"/> 06 TASER (Laser Targeted)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
<input type="checkbox"/> 07 OTHER		628361		95380037			
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	
				Department Issued		1	
58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	
16				15		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	
63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD BY MAGAZINE		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO			
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	
70. CASE INFO.							
71. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT/DIST. OF OCCUR. <input type="checkbox"/> CPIC							
72. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.							
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.							
73. REPORTING MEMBER (Print Name) VAN DYKE, JASON D							
STAR/EMPLOYEE NO. 9465		SIGNATURE					
21-OCT-2014 04:41:45							
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.							
74. REVIEWING SUPERVISOR (Print Name) FRANKO, STEPHEN D		STAR NO. 1381		SIGNATURE		DATE REVIEWED TIME 21-OCT-2014 04:44:58	
75. SIGNATURES							

1429315878

HX475653

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon information available at the time of this report it is the preliminary determination of the undersigned that Officer Van Dyke fired his weapon in compliance with Department policy. Officer Van Dyke fired his weapon in fear of his life when the offender while armed with a knife continued to approach and refused all verbal direction.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072125 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

21-OCT-2014 04:58:37

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRRs THIS EVENT No.

1

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HX475653**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION			INCIDENT INFORMATION					
NAME (LAST - FIRST - M.I.) WALSH, JOSEPH J			<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 4112 S PULASKI RD					
STAR NO. 12865	POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO		STATE (If outside Chicago)			
DATE OF APPOINTMENT 29-JUN-1998		EMPLOYEE NO. [REDACTED]	LOCATION CODE 304-STREET		BEAT OF OCCURRENCE 0815			
UNIT OF ASSIGNMENT 008		BEAT/CALL NO. 0845R	DATE OF OCCURRENCE 20-OCT-2014		TIME 21:57:00			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DAY OF WEEK MONDAY					
HEIGHT 600		WEIGHT 190		NO. OF OFFICERS BATTERED 3				
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO					
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____			MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input checked="" type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)		
TYPE OF ACTIVITY			TYPE OF WEAPON/THREAT					
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER			(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> E. FEET <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) <u>/SWINGING KNIFE</u> <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON					
TYPE OF INJURY TO OFFICER			OFFENDER INFORMATION					
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE			SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB 25-SEP-1997 CB NO. _____ IR NO. _____					
LIGHTING CONDITIONS AT INCIDENT			WEATHER CONDITIONS					
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD			<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 50 °F					

CPD-11.451 (REV. 1/04)

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
WALSH, JOSEPH J

STAR NO.
12865

WATCH COMMANDER / UNIT COMMANDING OFFICER - SIGNATURE STAR NO.
MC NAUGHTON, DAVID R 120

CPD-11.451 (REV. 1/04)

TACTICAL RESPONSE REPORT/Chicago Police Department

MEM INV	1. DATE OF INCIDENT 20-OCT-2014		TIME 21:57:00		2. ADDRESS OF OCCURRENCE 4112 S PULASKI RD CHICAGO, IL 60632			3. LOCATION CODE 304		4. BEAT/OCCUR 0815							
	5. POSITION 9161		6. LAST NAME WALSH		7. FIRST NAME JOSEPH J		8. STAR NO. 12865		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI						
SUBJECT INFORMATION	14. DATE OF APPT. 29-JUN-1998		15. EMPLOYEE NO. 10016		16. UNIT & BEAT OF ASSIGNMENT 008 0845R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	20. LAST NAME MCDONALD		21. FIRST NAME LEQUAN		22. M.I. J		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. 25-SEP-1997						
	28. ADDRESS IL 60637		29. TELEPHONE NO.		30. WAS SUBJECT ARMED/OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No								
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM? DR. PITZEL		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid												
36. CHARGES PLACED												37. CB NO.		IR NO.		DNA	
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		SUBJECT'S ACTIONS		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE						
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		OTHER _____		FLED <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____						
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>		ARMBAR <input type="checkbox"/>						
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>		CONTROL INSTRUMENT <input type="checkbox"/>		OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>		OTHER _____		OPEN HAND STRIKE <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>						
CASE INFO.	39. <input checked="" type="checkbox"/> DNA		40. ADDITIONAL INFORMATION OFFENDER ARMED WITH KNIFE.		POSITION		STAR NO.		UNIT								
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER		46. MODEL						
SIGNATURES	47. BARREL LENGTH		48. CALIBER/GAUGE		49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.						
	53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED						
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70. EVENT NO. 1429315878		71. R.D. NO. HX475653							
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73. REPORTING MEMBER (Print Name) WALSH, JOSEPH J		STAR/EMPLOYEE NO. 12865		SIGNATURE [Signature]							
74. REVIEWING SUPERVISOR (Print Name) FRANKO, STEPHEN D		STAR NO. 1381		SIGNATURE [Signature]		DATE REVIEWED 21-OCT-2014 05:07:32		TIME									

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Officer Walsh's actions were in compliance with the Department's use of force policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072125 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

DATE COMPLETED TIME

21-OCT-2014 05:12:27

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

2

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HX475653**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) GAFFNEY, THOMAS J		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 19958	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 4000 1/2 S KARLOV AVE	
DATE OF APPOINTMENT 08-JUL-1996	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 008	BEAT/CALL NO. 0815R	LOCATION CODE 304-STREET	BEAT OF OCCURRENCE 0815
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 20-OCT-2014
HEIGHT 600	WEIGHT 195	TIME 21:56:00	DAY OF WEEK MONDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED 3	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER _____		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 8	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK	
TYPE OF ACTIVITY		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input checked="" type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER		TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input checked="" type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) /SWINGING KNIFE	
TYPE OF INJURY TO OFFICER		OFFENDER INFORMATION	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB 25-SEP-1997 CB NO. _____ IR NO. _____	
LIGHTING CONDITIONS AT INCIDENT		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		<input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN	
WEATHER CONDITIONS		NO. OF OFFENDERS PRESENT? 1	
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND		APPROXIMATE OUTDOOR TEMPERATURE: 50 °F	

CPD-11.451 (REV. 1/04)

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
GAFFNEY, THOMAS J

STAR NO.
19958

WATCH COMMANDER / UNIT COMMANDING OFFICER - SIGNATURE STAR NO.
MC NAUGHTON, DAVID R 120

CPD-11.451 (REV. 1/04)

TACTICAL RESPONSE REPORT/Chicago Police Department

MEV INV D	1. DATE OF INCIDENT 20-OCT-2014		TIME 21:56:00		2. ADDRESS OF OCCURRENCE 4000 1/2 S KARLOV AVE CHICAGO, IL 60632			3. LOCATION CODE 304		4. BEAT/OCCUR 0815					
	5. POSITION 9161		6. LAST NAME GAFFNEY		7. FIRST NAME THOMAS J		8. STAR NO. 19958		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI				
SUBJECT INFORMATION	14. DATE OF APPT 08-JUL-1996		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 008 0815R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20. LAST NAME MCDONALD		21. FIRST NAME LEQUAN		22. M.I. J		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. 25-SEP-1997				
	26. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? (KNIFE/OTHER CUTTING INSTRUMENT, OTHER (SPECIFY)) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM? DR PITZEL		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid								
36. CHARGES PLACED												37. CB NO.		IR NO.	
REASON FOR USE OF FORCE (Check all that apply)	38. DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT/ASSAULT		ASSAULT/BATTERY		ASSAULT/DEADLY FORCE				
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>						
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>							
OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____							
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>							
VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____							
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>									
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>											
ARM BAR <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>											
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____											
CONTROL INSTRUMENT <input type="checkbox"/>		OTHER _____													
OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>															
OTHER _____															
WEAPON DISCHARGE INCIDENT	39. DCA/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION SUBJECT ARMED WITH KNIFE										
	POSITION		STAR NO.		UNIT										
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR							
45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE									
49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.							
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED							
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70. EVENT NO. 1429315878							
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO											
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)									
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC														
	NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.														
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.															
SIGNATURES	73. REPORTING MEMBER (Print Name) GAFFNEY, THOMAS J				STAR/EMPLOYEE NO. 19958		SIGNATURE [REDACTED]		71. R.D. NO. HX475653						
	21-OCT-2014 05:15:34														
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.														
74. REVIEWING SUPERVISOR (Print Name) FRANKO, STEPHEN D				STAR NO. 1381		SIGNATURE [REDACTED]		DATE REVIEWED 21-OCT-2014 05:17:15		TIME					

11-377 (REV 10/07)

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR OF THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Officer Gaffney's actions were in compliance with the Department's Use of Force policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072125 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

21-OCT-2014 05:20:49

79. DISTRIBUTION OF ORIGINAL IRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

3